•									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL E	YTITY	OR	OTHER			
TOTAL CLAIMS			2	/				RATE.	FEE	1	RATE	FEE		
FOR .			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE 385.00		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			2   minus 20=		•	1		X\$ 9=		OR	X\$18=	18		
INDEPENDENT CLAIMS			√ minus 3 =		• /	,		X43=		OR	X86=	86		
Mι	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=	0.0		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	OTAL		OR	TOTAL	824		
LAMIS AS AMENDED - PART II										1	OTHER	THAN		
7	(Column 1) (Column 1) (Column 1) HIGHE					(Column 3)		MALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AODI- TIONAL FEE		
	Total	. 20	Minus	**	21	=	,	X\$ 9=		OR	X\$18=			
	Independent	· 4	Minus	***	4	s .		X43=		OR	X86=			
_	FIRST PRESE	JLTIPLE DEI	PENDENT	CLAIM			145=		OR/	+290=				
								TOTAL			TOTAL	7		
•	(Column 1) (Column 2) (Column 3							DIT. FEE		OP.	ADDIT. FEE!			
Ċ		(Column 1) CLAIMS		HIGH		(Column 3)			ADDI-	· [	<del> 1</del>	ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	DUSLY	PRESENT EXTRA	1	RATE	TIONAL FEE		RATE	TIONAL		
	Total	#	Minus	**		=	,	<b>(\$ 9</b> =		OR	X\$18=			
	Independent	*	Minus	***	•			X43=		OR	X86=			
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	DEPENDENT CLAIM			<sup> </sup>   _	145=			+290=			
							L	TOTAL		OR	TOTAL			
							ADI	OIT. FEE		OR ,	ADDIT. FEE			
_		(Column 1) CLAIMS		(Colun		(Column 3)								
AMENDMENT C	`	REMAINING AFTER AMENDMENT		NUME PREVIO	BER DÚSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	>	<b>(\$ 9=</b>		OR	X\$18=			
	Independent	*	Minus	***				(43=		OR	X86=			
٧_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ı	<del>- :</del>			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
1	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THI	S SPACE is	less that	n 20, enter "20."	ADD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE			
		ber Previously Paid					r found	in the app	ropriate box	in col	ımn 1.			